

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 164
Registered No. 12

1. PLACE OF BIRTH

County Gila State Arizona
Township _____ or Village _____
City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Antonia Rodriguez
(If child is not yet named, make supplemental report, as directed)

3. Sex Female 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature Yes 7. Legitimate Yes 8. Date of birth Jan 17 1931
(Month, day, year)

9. FATHER Juan Rodriguez 18. Full maiden name Polonia Arizondo

10. Residence (usual place of abode) Hayden 19. Residence (usual place of abode) Hayden
(If nonresident, give place and State) (If nonresident, give place and State)

11. Color or race Mex 12. Age at last birthday 45 (Years) 20. Color or race Mex 21. Age at last birthday 37 (Years)

13. Birthplace (city or place) Queretaro, Mexico 14. Birthplace (city or place) Puebla, Mexico
(State or country) (State or country)

15. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

16. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

17. Date (month and year) last engaged in this work _____ 18. Date (month and year) last engaged in this work _____
19. _____ 19. _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 2

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 4:00 A. M. on the date above stated
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles R. Huthand, M. D.

or _____ Midwife

Given name added from a supplemental report _____

Address Hayden, Arizona

Filed Jan 17 1931 W. P. Nash Registrar

199-117-416
(Date of) _____
Registrar